

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-815)

SERIAL NO.

101 584,816

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3	1		1				53						
4		1		1			54						
5		2		1			55						
6		2		1			56						
7		2		1			57						
8		2		1			58						
9		2		1			59						
10		2		1			60						
11		2		1			61						
12		2		1			62						
13		2		1			63						
14		2	X				64						
15		2					65						
16		2	X				66						
17		①					67						
18		2		1			68						
19		2		1			69						
20		2	X				70						
21		2					71						
22		2		1			72						
23		2		1			73						
24		2	X				74						
25		2					75						
26		2	X				76						
27		2					77						
28		2		1			78						
29		2		1			79						
30		2	X				80						
31		2					81						
32		2		1			82						
33		2	X				83						
34		2					84						
35		2	X				85						
36		①					86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	62	←	18	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	64		20				TOTAL CLAIMS						